LITOCO ILE CAOS

(Requestor's Name)	_					
(Address)						
(Address)						
,						
(City/Chata (Tia/Dhaga 4))						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
	_					
	_					
Special Instructions to Filing Officer:						
	-					
_						
1,100	1					

Office Use Only



400322843544

2019 JAN -8 AM 8: 20

01/11/19--01010--019 **55.00

S. PRATHER

COVER LETTER

CR2E079 (2/14)

TO:	Registration Section Division of Corporations			
SUBJI	WEB ADVISORS LLC			
30001		imited Liability Cor	npany)	
The en	closed member, resignation or disso	ciation and fee(s	s) are submitted for filing.	
Please	return all correspondence concernin	g this matter to:		
RODE	RIGO GARCIA GUEVARA			
	(Contact Person)		_	
WEB .	ADVISORS LLC			
	(Firm/Company)		_	
8801 \	W ATLANTIC BLVD #773131			
	(Address)		_	
CORA	AL SPRINGS, FL 33071			
	(City/State and Zip Code)		_	
For fur	ther information concerning this ma	tter, please call:		
RODF	RIGO GARCIA GUEVARA	954 at (8228831	
	(Name of Contact Person)		& Daytime Telephone Number)	
_	ed please find a check made payable Filing Fee		Department of State for: g Fee & Certified Copy	
	ET/COURIER ADDRESS:		MAILING ADDRESS:	
~	ration Section on of Corporations		Registration Section Division of Corporations	
	Building		P.O. Box 6327	
	Executive Center Circle		Tallahassee, Florida 32314	
Tallaha	assee, Florida 32301			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	B ADVISORS LLC	it appears on the records of the F	lorida Department
2. The Florida doc	-	ssigned to this limited liability con	npany is:
4. I. <u>JULIAN RAI</u>	NGEL	igned or will withdraw/resign is:, hereby withdraw/resign as a	a co
•	Name of Person Resigning) Iember AMBR (Print Title)		AM 8: 20
of this limited lia resignation in w		e limited liability company has be	en notified of my
Signature of D	issociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		